24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Priorities USA Action	
	C C00495861
Check if 24-hour report X 48-hour report New report Amends report filed	on Mam / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Shorr Johnson Magnus	M M / D D / Y Y Y Y Y
Mailing Address 100 N 20th St	07 06 2016 Amount
Ste 201	
City State Zip Code	43815.57
Philadelphia PA 19103-1454	Transaction ID: VNTYH9T4Z77 Date of Disbursement or Obligation
Purpose of Expenditure Video Production (Estimate) Category/ Type	07
Name of Federal Candidate Support Office	e Sought: House District: 00
DONALD J TRUMP Oppose	President Senate State:00
Odiolidai lodi lo Balo	ursement For: Primary X General
Per Election for Office Sought 26405390.60 2016	Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	Amount
	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure Category/	M = M / D = D / Y = Y = Y
Type	
Name of Federal Candidate Support Offic	e Sought: House District:
Oppose	President Senate State:
Calcinati Total To Bate	ursement For: Primary General
Per Election for Office Sought	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	43815.57
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	42045 57
	43815.57
Under penalty of perjury I certify that the independent expenditures reported herein were not mwith, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Gran Spand	
	07 08 2016
Signature	